PROFILE OF ADAPTATION TO LIFE

(A) MOOD SCALE

DURING LAST WEEK, INCLUDING TODAY, HOW OFTEN HAVE YOU FELT . . .

Please mark the answer for each question that best describes how you felt this past week. Mark your answer choices, like this: [X]

DURING THE PAST WEEK, HAVE YOU FELT . . .	1 Rarely	2 Sometimes	3 Often	4 Almost Always	
Vigorous?					1
Alert?					2
Full of pep?					3
Happy?					4
Calm and relaxed?					5
Content?					6
Secure?					7
Confidence in yourself?					8
Inner calm and peace?					9

DURING THE PAST WEEK, HAVE YOU FELT . . .	1 Never	2 Rarely	3 Sometimes	4 Often	
Discouraged?					10
Uneasy?					11
Unhappy?					12
On edge?					13
Gloomy?					14
Blue?					15
Like crying?					16
Worried?					17
Tense?					18
Bored?					19
Annoyed, irritated?					20

(B) PERSONAL EXPERIENCES

(___ Subj. #___)

DURING THE PAST MONTH, I'VE (*Please answer each statement below*)	1 Rarely	2 Sometimes	3 Often	4 Almost Always	
Enjoyed talking with others					21
Felt trusting of people					22
Found work useful and interesting					23
Enjoyed people I live with					24
Found people accept me as I am					25
Been involved, interested in things					26
Felt needed and useful					27
Controlled my negative thinking and increased my positive thinking					28
Found things I've needed coming to me by "coincidence" or "chance"					29

DURING THE PAST MONTH, I'VE FELT . . .	1 Never	2 Rarely	3 Sometimes	4 Often	
A lack of order around me					30
Dissatisfied with myself					31
Critical of others					32
Annoyed, irritated					33
An impulse to hurt someone					34
Left out of things					35
That people treated me unfairly					36
Bothered by sloppiness around me					37
Disappointed in people					38
Worried about debts					39
Uncertain about who I really am					40
Unhappy about the work I do					41
My family finds fault with me					42
No one seemed interested in how I really feel inside					43

(C) PHYSICAL HEALTH INVENTORY

Please mark one answer for each question below.
Mark your answer like this: [X] or this [✓]

DURING THE LAST MONTH, HAVE YOU . . .	1 Never	2 Sometimes	3 Often	
Had headaches? (Past month)				44
Felt faint?				45
Felt hot, feverish?				46
Had spells of dizziness?				47
Had difficulty falling asleep?				48
Had chest pains?				49
Noticed your heart beating fast?				50
Had difficulty breathing?				51
Felt physically ill?				52
Had back pains?				53
Been bothered by itching?				54
Had coughing spells?				55
Had neck or shoulder pains?				56
Had pains in legs or arms?				57
Had trouble with your vision?				58
Felt exhausted, fatigued?				59
Waken from sleep feeling tired?				60
Had a poor appetite?				61
Been constipated (hard stools)?				62
Had an upset stomach?				63
Had nausea (sick to stomach)?				64
Had indigestion?				65
Had stomach pain after eating?				66
Had trouble digesting food?				67
Had diarrhea (loose bowels)?				68

(D) PERSONAL BELIEFS

IT IS MY OPINION THAT . . . (Please answer each statement below)	1 Not Agree	2 Not Sure	3 Agree	4 Agree Strongly	
A person's soul or spirit continues after death					69
People will be reborn to live again on earth					70
Mental telepathy (ESP) is a reality					71
People have out of body experiences (astral travel)					72
There are spiritual or non-physical forces acting in today's world					73
Sooner or later people will treat you as you've treated others					74
Spiritual or psychic healing is often as effective as medical treatment					75
	76	(Subj #)		1 80	
It's wrong to kill any living thing					1
Problems in life are really opportunities to learn and grow					2
People create their own reality by the kinds of thoughts they let themselves have					3

IT IS MY OPINION THAT THE SOLUTIONS TO MAN'S PROBLEMS IN LIVING WILL BE FOUND IN . . .	1 Not Agree	2 Not Sure	3 Agree	4 Agree Strongly	
More money for scientific research					4
More formal education for people					5
Redistributing the wealth					6
A return to organized religion					7
Social reform through better laws					8
Daily meditation					9
Spiritual reawakening (personal enlightment)					10
Protecting the environment, natural resources					11

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(E) LIFE STYLE

DURING THE PAST MONTH, HOW OFTEN HAVE YOU... (Please answer each question below)	Answer choices: Rarely or Never	1-2 Times /Week	3-5 Times /Week	Each Day	
Spent time with a close friend?					12
Shared personal problems with a friend?					13
Washed the dishes?					14
Done household cleaning?					15
Prepared meals?					16
Washed clothes?					17
Done physical exercise?					18
Taken part in active sports?					19
Listened to music you enjoy?					20
Taken time to be by yourself?					21
Meditated?					22
Enjoyed contact with animals?					23
Taken care of house plants?					24
Eaten red meat (beef, pork)?					25
Eaten fish or poultry?					26
Eaten sweets (candy, cake, pie, etc.)?					27
Drunk soft drinks (Coke, etc.)?					28
Eaten fresh fruits (apples, oranges, etc.)?					29
Eaten natural foods (dried fruit, nuts, whole grains)?					30
Kept up with current events, (read newspaper, magazines, watch TV news)?					31
Read something about mystical, spiritual or psychic things?					32
Read something about personal psychological growth?					33

(E) LIFE STYLE (CONT'D)

DURING THE LAST MONTH, HAVE YOU . . .	Answer choices: 1 Never	2 1-2 times per month	3 1-2 times per week	4 Almost Daily	
Gone to parties for social activities outside the home?					34
Attended meetings of civic, or other organizations?					35
Entertained friends in your home?					36
Attended a religious service?					37
Spent time outdoors enjoying nature?					38
Played cards or other table games?					39
Visited with the neighbors?					40
Done grocery shopping?					41
Danced?					42
Read fiction for enjoyment?					43
Participated in a study group?					44
Taken medication for headache?					45
Taken medication to help you sleep?					46
Takem medication for your stomach?					47
Takem medication for a cold or allergy?					48
Taken tranquilizers?					49
Taken laxatives?					50
Used alcohol or nonprescription drugs?					51
Gotten high on alcohol or drugs?					52
DURING THE LAST MONTH, HAS ALCOHOL OR DRUG USE CAUSED PROBLEMS . . .					
Between you and family members?					53
With work (difficulty working well or going to work)?					54
With your physical health?					55
In your thinking clearly?					56

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(F) ARE YOU CURRENTLY LIVING WITH A PARENT, SPOUSE, OR SOMEONE ELSE IN A CLOSE RELATIONSHIP?
(1)_____ No (If you marked "No", skip to Section G below)
(2)_____ Yes (If you marked "Yes", answer the 8 questions below) 57

DURING THE PAST MONTH, HAVE YOU AND YOUR SIGNIFICANT OTHER (spouse, parent, etc.) . . .	Answer choices 1 Rarely	2 Sometimes	3 Often	4 Almost Always	
1. Shared personal feelings with each other?					58
2. Been able to talk it through when angry?					59
3. Agreed about finances and budget?					60
4. Spent enjoyable times together?					61
5. Discussed important matters?					62
6. Felt close to each other?					63
7. Agreed about social activities and friends?					64
8. Shared daily events that happened to each of you?					65

(G) ARE THERE CHILDREN WHERE YOU LIVE? (Mark one)
(1)_____ No (If you marked "No", skip to Section H below)
(2)_____ Yes (If you marked "Yes", answer the next 6 questions) 66

DURING THE LAST MONTH, HAVE YOU AND THE CHILD(REN) . . .	Answer choices 1 Rarely	2 Sometimes	3 Often	4 Almost Always	
1. Spent time talking with each other?					67
2. Spent time doing things together?					68
3. Openly expressed feelings to each other?					69
4. Treated each other with respect?					70
5. Felt close to each other?					71
6. Done things for each other?					72

(H) DO YOU HAVE ENOUGH MONEY TO . . .	1 Rarely	2 Sometimes	3 Usually	4 Always	
Pay your bills? (Mark one)					73
Handle unexpected expenses? (Mark one)					74

FROM WORKING, DID YOU EARN AN ADEQUATE AMOUNT OF MONEY LAST MONTH? (Mark one)
(1)_____ Earned no money from working last month
(2)_____ Earned enough to take care of my personal needs (spending money)
(3)_____ Earned enough to partially support a family
(4)_____ Earned enough to adequately support a family 75

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1. MAJOR SOURCE OF INCOME? (Check only one answer)
(1)____ Money earned from work I do now
(2)____ From spouse, relative, or friend
(3)____ Investments or inheritance
(4)____ Welfare or public assistance
(5)____ Retirement or social security
(6)____ Unemployment compensation
(7)____ Scholarship or student stipend
(8)____ Alimony or child support
(9)____ Veterans benefits

2. YOUR MARITAL STATUS (Check one)
(1)____ Currently married
(2)____ Separated, divorced, or widowed
(3)____ Never married

3. SEX (Check one)
(1)____ Male
(2)____ Female

4. EDUCATION (Check one)
(1)____ Less than high school
(2)____ High school graduate
(3)____ Some college
(4)____ College graduate (Type of degree_____)

5. SMOKE CIGARETTES?
(1)____ Not at all
(2)____ Less than ½ pack per day
(3)____ About ½ pack per day
(4)____ About 1 pack per day
(5)____ Over 1½ pack per day

6. DRINK COFFEE?
(1)____ None or rare cup
(2)____ About 1-2 cups per day
(3)____ 3-4 cups per day
(4)____ 5 or more cups per day

7. WATCH TV?
(1)____ None or rarely
(2)____ Less than 1 hour per day
(3)____ 1-2 hours per day
(4)____ 3-4 hours per day
(5)____ 5+ hours per day

8. AVERAGE HOURS OF SLEEP
(1)____ 4-5 hours
(2)____ 5-6 hours
(3)____ 6-7 hours
(4)____ 7-8 hours
(5)____ 8 or more hours

AGE_____ 9-10

HEIGHT_____ feet _____in. 11-13

WEIGHT_____ pounds 14-16

TODAY'S DATE: 17-22

Month Day Year

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Thank you for completing the questionnaire. Your help is very much appreciated. Please check back to make sure you have not left any questions unanswered.